										9/885,336			
PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number 26814/92189					
Effective October 1, 2000													
		CLAIMS A	S FILED - PART I (Column 1) (Colu			mn 2)	SMALL ENTIT		NTITY	OTHER THAN			
TOTAL CLAIMS			11				RAT	RATE		1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•	0	X\$	3≈	0	OR	X\$18≃		
INDEPENDENT CLAIMS			Z minus 3 =		0		X40	X40= 0		OR	X80=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					 5≈		ОЯ	+270≈		
• If	the difference	in column 1 is	less than zero, enter "0"			olumn 2	TOTAL		355	OR	TOTAL		
CLAIMS AS AMENDED - PART II								i	<u> </u>	7	OTHER		
		(Column 1) CLAIMS	(Column 2) HIGHEST			(Column 3)	SMA	SMALL ENTITY		OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	2	0	=	X\$ 9)=		OR	X\$18=		
F	Independent	·a	Minus	•••		=	X40	=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	=		OR	+270≃		
								TAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	-55	·	, ,	AUDII. FEEI		
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	4*		=	X\$ 9	=		OR	X\$18=		
	Independent	NTATION OF ME	Minus	***	CLAIRA	=	X40	-		OR	X80=		
	THO! FILCOL	TTA, TOST OF INC	JETH LE DEI	ENDEN	COAIM		+135	=		OR	+270=		
							TO ADDIT, F			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								EC.	······································	•	ADU(1. F&E		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE	į	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9	_		OR	X\$18=		
	Independent	•	Minus	•••		=	X40:				X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	TIPLE DEPENDENT CLAIM						OR	×40=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The 'Highest Num	ber Previously Pai	d For (Total or	Independ	ent) is the	highest number	a found in the	арр	ropriate box	in col	บกาก 1.	I	

FORM PTO-875 (Rev. 8/00)